

DOCUMENT # 702910

1. Entity Name

ALPHA DELTA HOUSE CORPORATION OF DELTA, DELTA, D

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90054 046 ****61.25

Principal Place of Business

Mailing Address

1631 TIMBER EDGE DR.
DELAND FL 32724

1631 TIMBER EDGE DR.
DELAND FL 32724-7984

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1004466

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required-

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARNOLD, ANN CONN J.
1631 TIMBER EDGE DR.
DELAND FL 32724

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete
NAME BEASLEY, ELICIA
STREET ADDRESS 311 WASHINGTON OAKS DR.
CITY-ST-ZIP DELAND FL 32720

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME DUMAS, MILDRED
STREET ADDRESS 420 E. UNIVERSITY
CITY-ST-ZIP DELAND FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME GAMPERO, CAMILLE
STREET ADDRESS 700 NW 48TH AVENUE
CITY-ST-ZIP COCONUT CREEK FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME WALTERS, BARBARA A.
STREET ADDRESS 2155 OVERLOOK DRIVE
CITY-ST-ZIP DELAND FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME ARNOLD, ANN C
STREET ADDRESS 1631 TIMBER EDGE DR.
CITY-ST-ZIP DELAND FL 32724

TITLE ☒ Change ☐ Addition
NAME the name is: Ann Conn J. Arnold to be correct
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME JOHNSON, JULIE
STREET ADDRESS 706 WEST LAKE DRIVE
CITY-ST-ZIP NAPLES FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E037 (9/99)